

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Kanette Jane Broadwaywater

Town

Merrill

County

Kanett Co

CERTIFICATE OF DEATH

MARYLAND

Died at

Merrill

Month

Days

Date

of death

1909 Dec

Month

Day

Years

6

Age 67

Month

Days

10

19

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John Wesley Broadwater

Father's  
Name

John Merrill

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Ellen Oberzell

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Chas W Barnes

How related  
to deceased

Nephew

CAUSES OF DEATH

123

How long

3 year

How long

6 months

Primary

Indigestion

Immediate

Chronic hepatitis

Signature of  
Physician

Address

J L Barnes

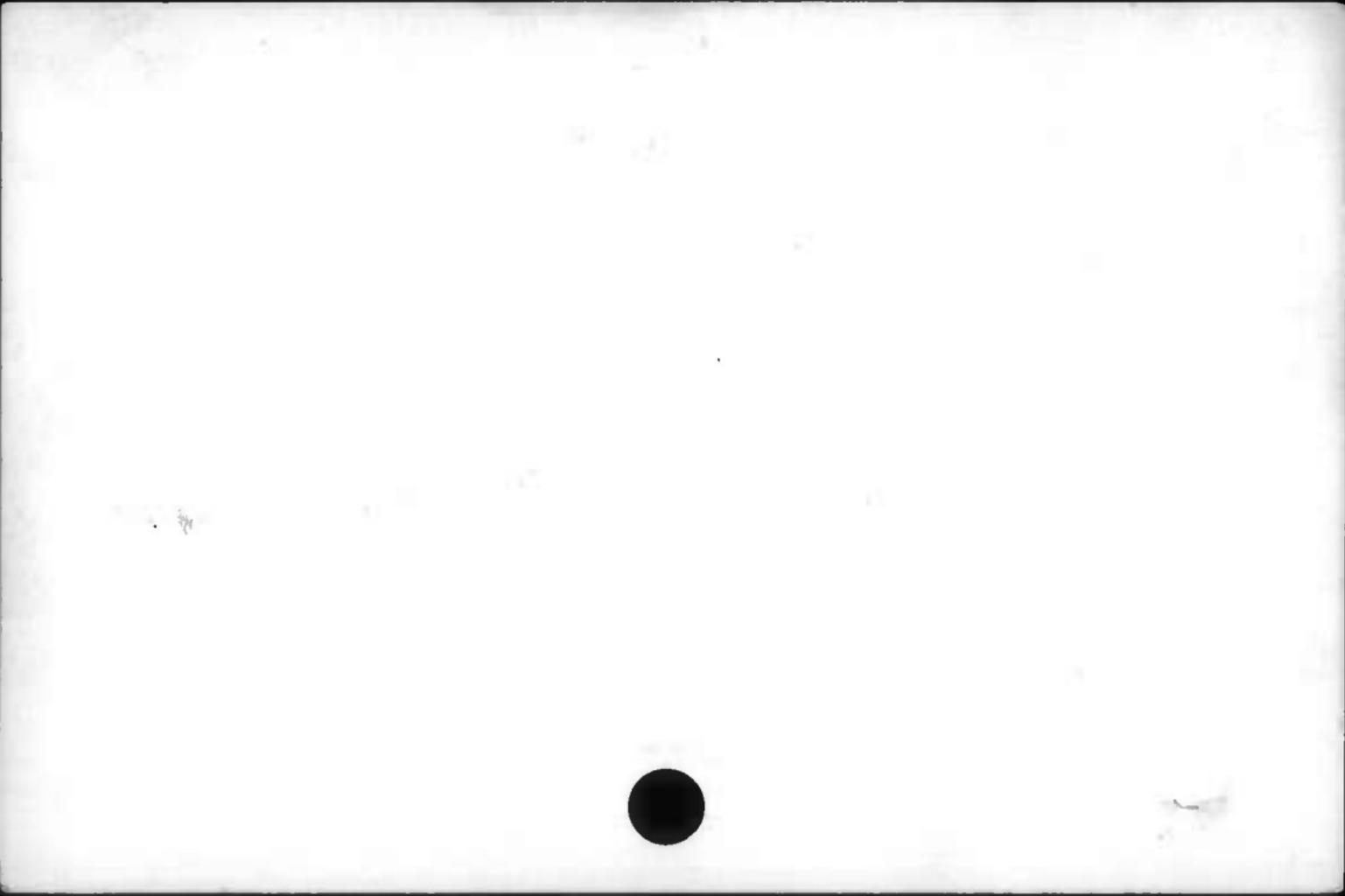
Grantsville Md

Are the name, age, sex, color, date  
and place correctly given above?

yes

Accident or Suicide

I have not seen this case for two weeks



Name  
in  
Full

Katherine Paul Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND	
Died at Dodson	Month Dec	Day 8	Years	Months 4	Days 2
Sex Female	Color or Race White	Birth-place Dodson			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	Father's Name Benjamine Davis	Father's Birthplace Barrett Co		
Mother's Maiden Name Nicely Purnell	Mother's Birthplace Maryland				
Name of person giving information Ben Davis	How related to deceased Father				

CAUSES OF DEATH

71

How long

PHYSICIAN  
OR CORONER

Primary

Mosquitos

Immediate

Spasms

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

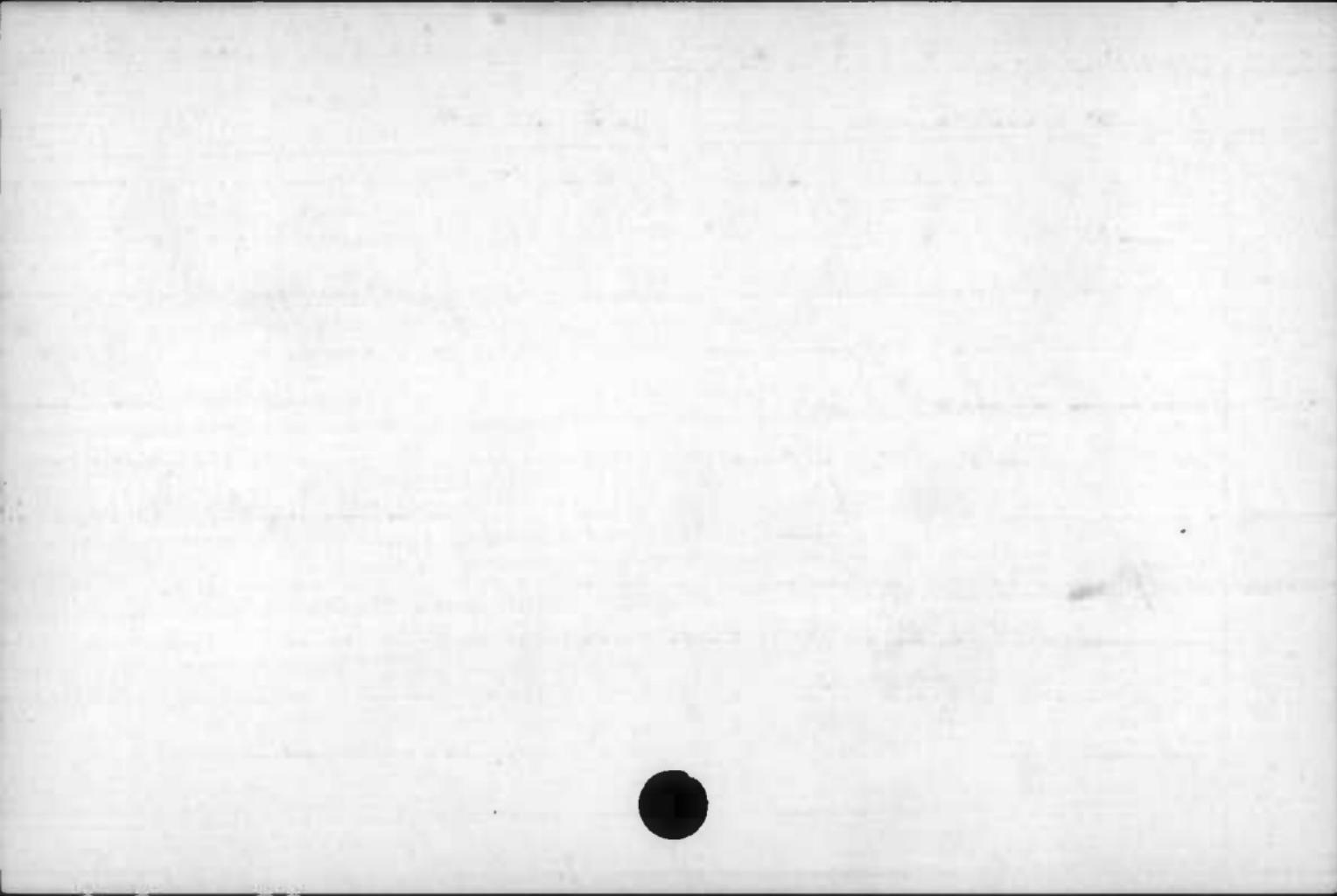
Signature of Physician

Address

Hugh Steeber  
Elaine Mo.

2

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Homer Davis

Choppe

Died at

Month

Day

Date  
of death 1909 Dec

County  
Garrett

CERTIFICATE OF DEATH

MARYLAND

Months

Days

6 22

Birth-  
place

Preston below  
Choppe

Sex  
Male

Color or  
Race

white

Occupation  
Miner

Age 25  
Years

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

single

Father's  
Name

D. M. Davis

Father's  
Birthplace

Rutherford

Mother's  
Maiden Name

M. E. Nettie  
Tolke

Mother's  
Birthplace

Hopkinton  
Vt.

Name of person giving  
Information

CAUSES OF DEATH

Primary

Killed by engine

166

How long

Immediate

Killed

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

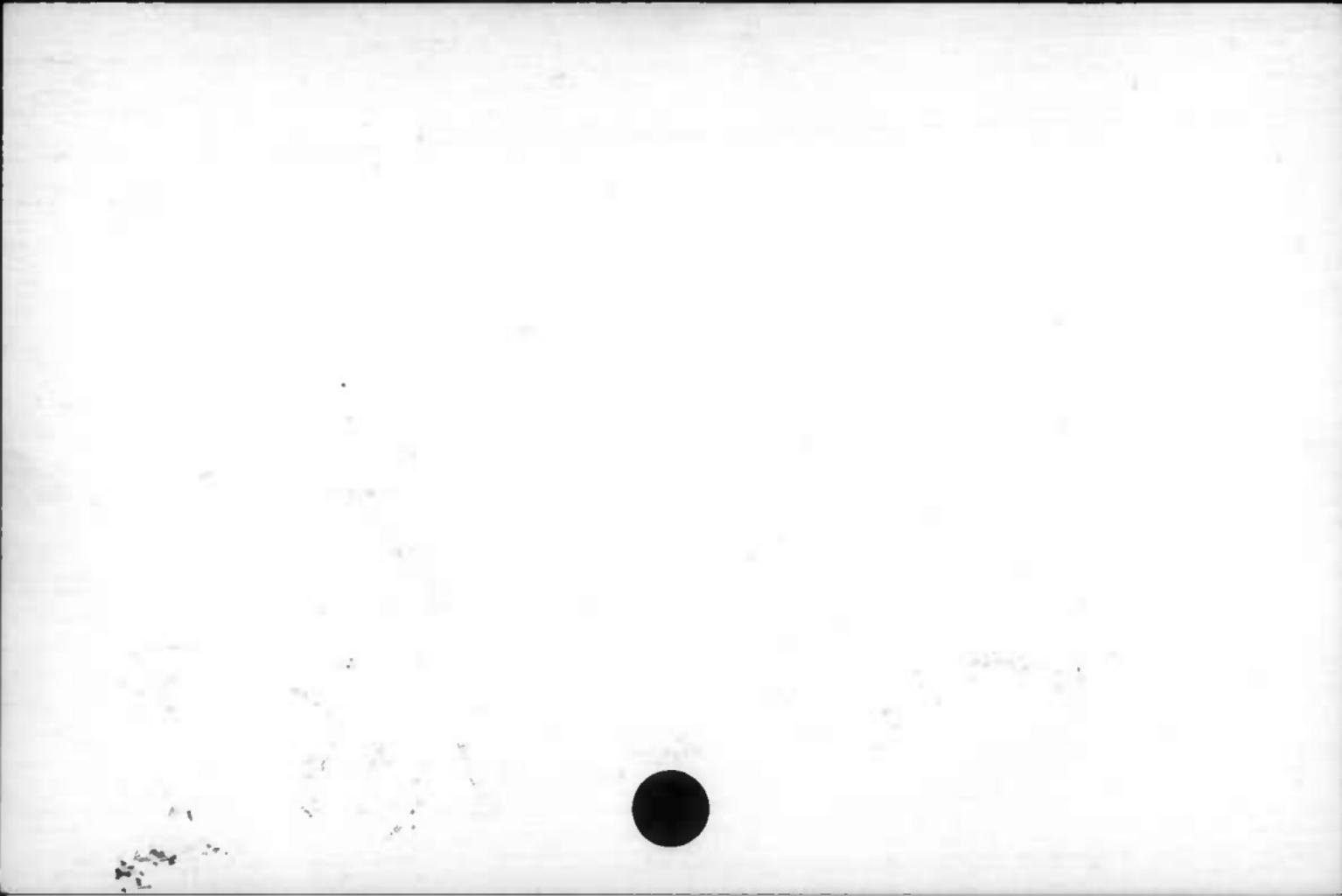
Signature of  
Physician

Address

H. P. Copeland  
Blair  
Vt.

Accident or Suicide

Assault



Name  
In  
Full

Charles L. East

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Age	Months	Days
Occupation	Color or Race	Birth-Place	
Married, Single or Widowed	Name of Wife or Husband	Where Residing If not at place of death	
Father's Name	Wm. T. East	Father's Birthplace	England
Mother's Maiden Name	Malinda Hetrich	Mother's Birthplace	Md.
Name of person giving information	Wm. T. East	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

G

Primary	Gun shot wound of L. Leg.		How long
Immediate	Hemorrhage & Shock		5 1/2 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	5 1/2 hrs.
		Address	A. C. Bowser M.D. Grantsville Md.
Accident or Suicide?	Accident		

Friendsville Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ernest O. Friend  
near Kendall Garrett

CERTIFICATE OF DEATH

MARYLAND

Died

Town

County

Date  
of death

Month

Day

Years

Months

Days

1909

Dec

31

Age

—

20

Sex  
Occupation

Color or  
Race

White

Birth-  
place

Maryland

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

E. C. Friend

Father's  
Birthplace

md

Mother's  
Maiden Name

Kendall A Kiserer

Mother's  
Birthplace

md

Name of person giving  
Information

E. C. Friend

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Spasms

(71)

How long

Dont Know

Immediate

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

No Physician  
Sub W. W. Savage  
Regt. 1  
Freudenberg Md.

Reported by

W. W. Savage

Accident or Suicide

Bonneau

Name  
in  
Full

George Alexandra Haenfling

CERTIFICATE OF DEATH

Town

Died at

Accident

County

Garret

MARYLAND

Month

Day

Years

Month

Days

Date

of death

1909 Dec. 21

Age 5

2

14

Color or  
Race

White

Birth-  
place

Maryland

Sex

Male

Occupation

Where Residing if not  
at place of death

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Haenfling

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Kate S. Burshard

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Frederick Burshard

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Bad cold.

(7)

a few days

Immediate

Scarlet fever

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

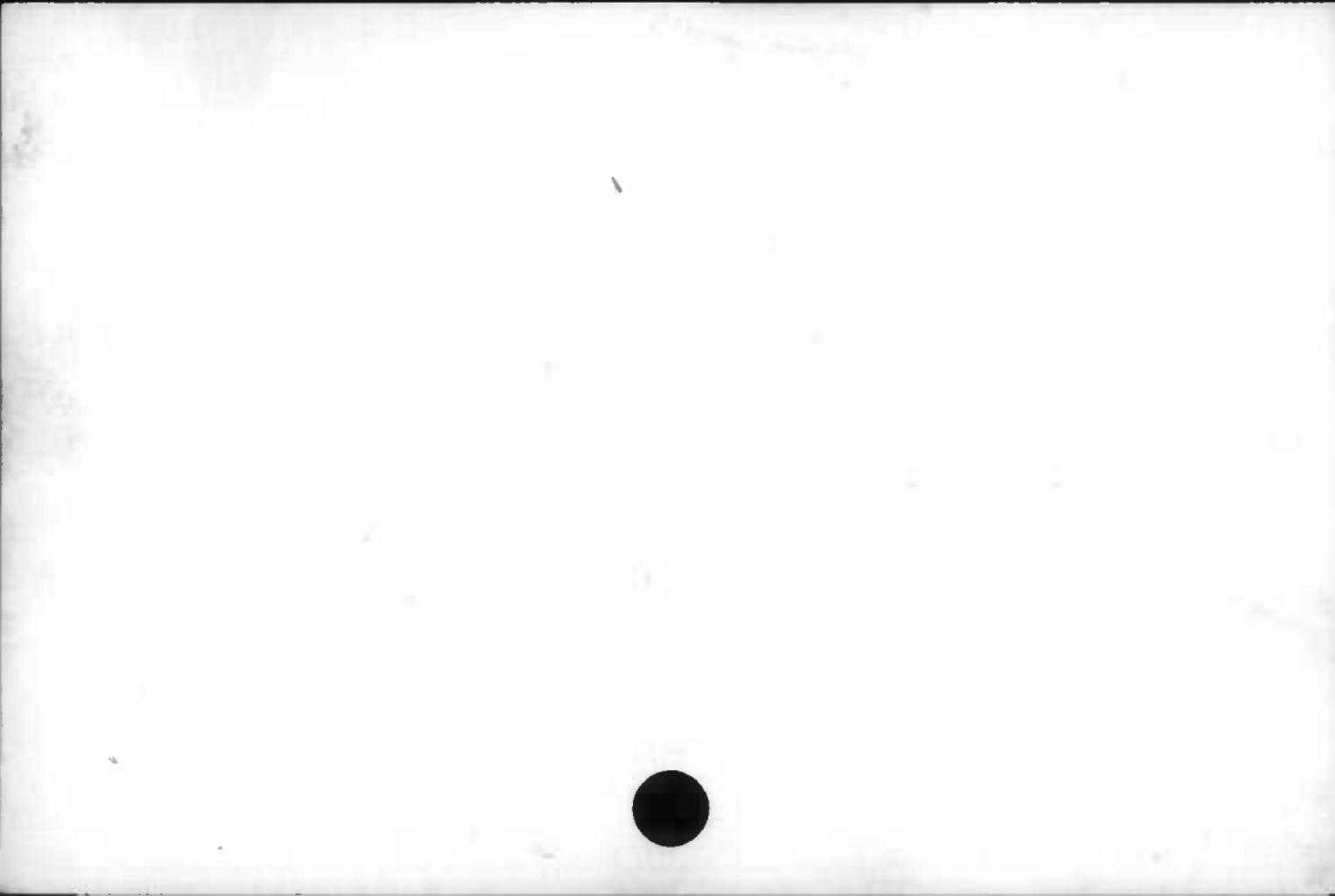
B. W. Busroe

Accident Ind.

PHYSICIAN  
OR CORONER

4

Accident or Suicide



Name  
in  
Full

Made W. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Dec	31	62	-	-
Sex	Color or Race	Birth-place			
Male	White	Hardy Co. W. Va.			
Occupation	Where Residing if not at place of death				
Farmer					
Married, Single or Widowed	Name of Wife or Husband				
Single	Nancy A. Parker				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related deceased				
Ed Parker	Son				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Heart Failure

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

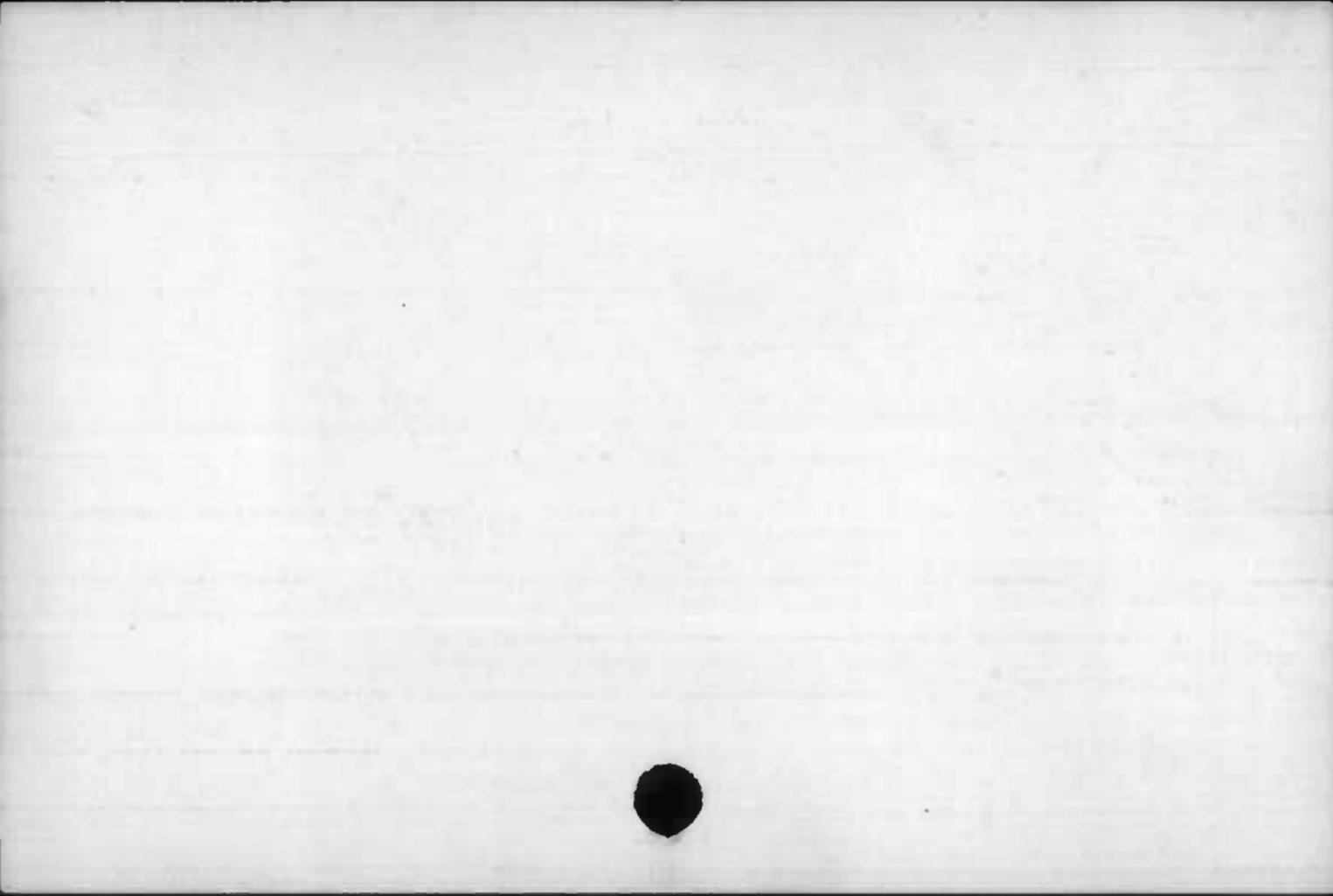
Signature of Physician

G. S. Hawill

Registration Officer  
for Garrett County

✓

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

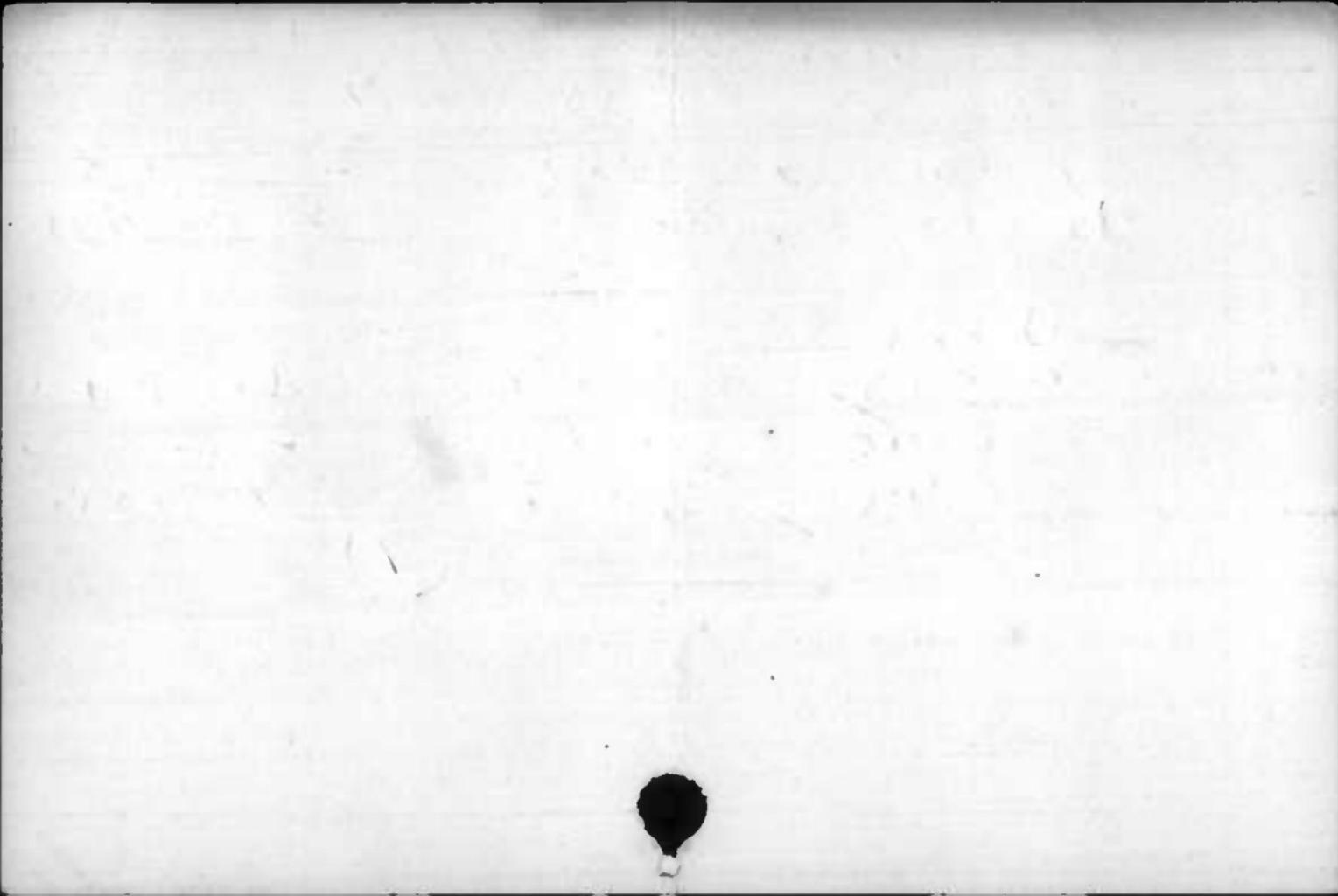
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month 10	Day 14	Age 28	Years 2	Months 2 Days 21
Sex male	Color or Race	Birth-place Garrett Md.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Henry W. Roth		Father's Birthplace	Garrett Md.	
Mother's Maiden Name	Susan		Mother's Birthplace	Creston Iowa	
Name of person giving information	Henry W. Roth		How related to deceased	Father.	

## CAUSES OF DEATH

(1)

Primary	Typhoid Fever		How long	10 days
Immediate	Pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	arrives a Schen Eglon	
		Address	Wyo	
Accident or Suicide?				



Name  
in  
Full

Garrett Shiver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Dec	11	19	2	19
Sex	Male	Color or Race	white	Birth-place	Pennsylvania
Occupation	Labover	Where Residing if not at place of death	at C. A. Beachy's		
Married, Single or Widowed	single	Name of Wife or Husband	Father's Name	Pennsylvania	
Father's Name	J.W. Shiver		Mother's Maiden Name	Pennsylvania	
Mother's Maiden Name	Nora Kinebaugh		Name of person giving information	How related to deceased	
	Arthur Shiver		Arthur Shiver	Brother	

CAUSES OF DEATH

93

How long

4 days

7 hrs.

How long

Primary

Double Pneumonia

Immediate

Cardiac failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

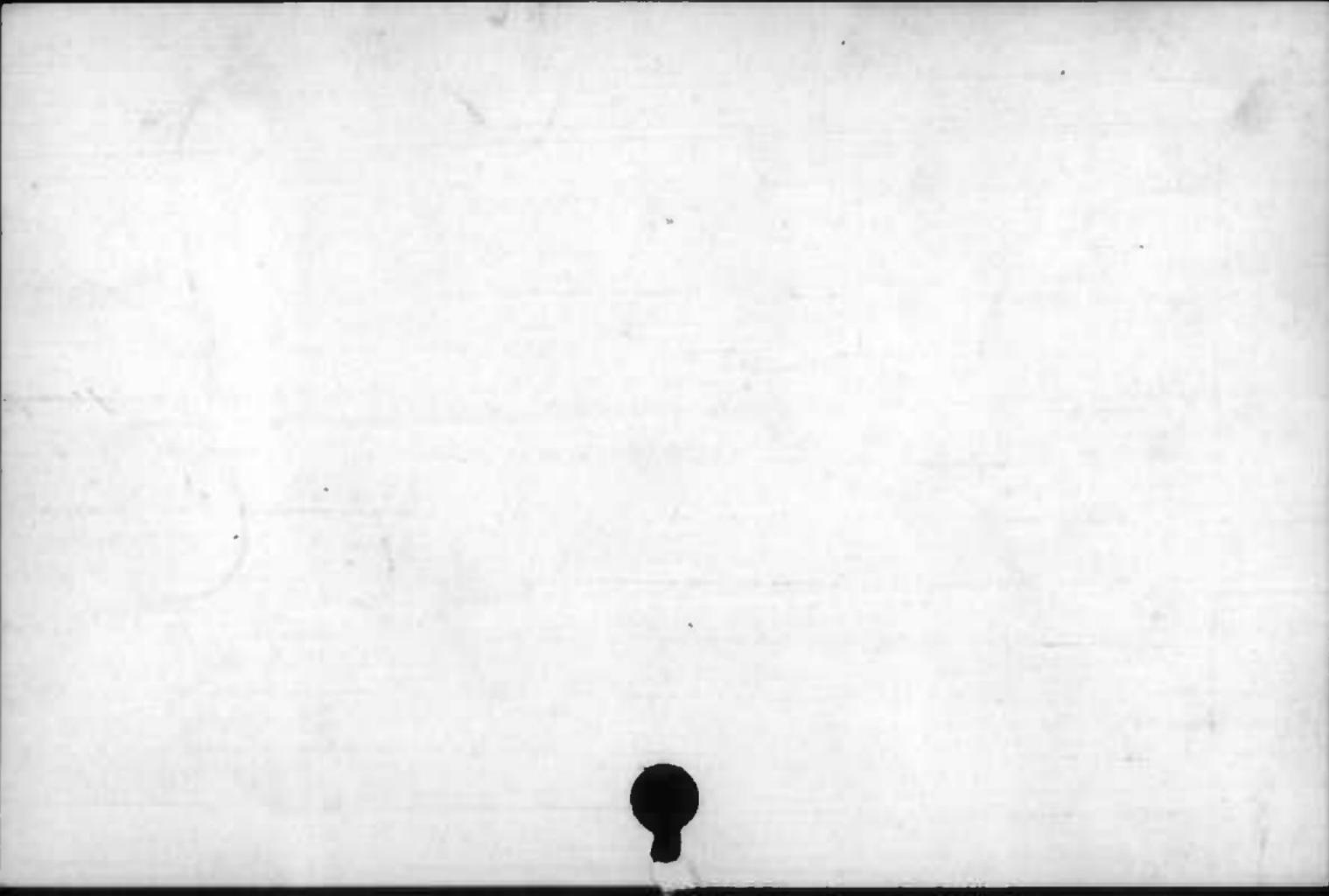
Address

R.L. Bowen M.D.

Grantsville  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Almija M. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town  
Shade Mills

County  
Garrett

MARYLAND

Date  
of death

1909

Month

12

Day

22

Years

71

Months

3

Days

12

Sex  
Female

Color or  
Race

White

Birth-  
place

Somerset Co Pa

Occupation

Housewife

Where Residing if not  
at place of death

Shade Mills

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Joshua Turner.

Father's  
Name

Joseph Corley

Father's  
Birthplace

Bedford Co. Pa

Mother's  
Maiden Name

Sarah Catharine Hyste

Mother's  
Birthplace

Bedford Co. Pa.

Name of person giving  
Information

William T. Turner

How related  
to deceased

Son.

CAUSES OF DEATH

116

How long

9 days

Primary

Peritonitis

Immediate

Cardiac failure

How long

8 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

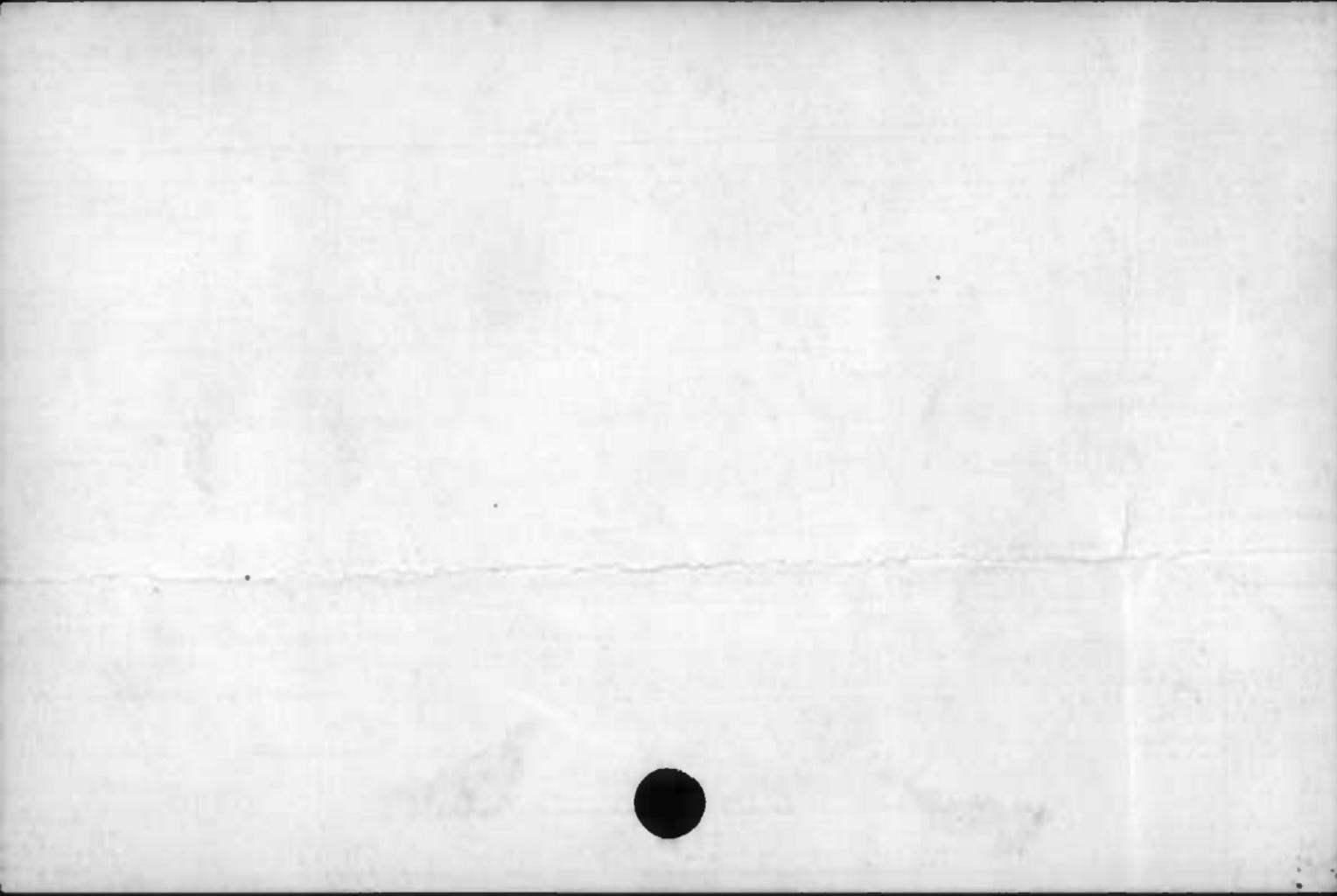
R. L. Bowen MD

Address

Grantaville

MD

Accident or Suicide?



Name  
in  
Full

Hanster. Mr. Wynkoop

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

FRIENDSVILLE

Town

County

Date  
of death

1909

Month

Dec

Day

27

Year

30

Months

7

Days

3

Sex

Male

Color or  
Race

White

Birth-  
place

Pa

Occupation

Laborer

Where residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Edith. adell Wynkoop

Father's  
Name

Miles Wynkoop

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Sharlet Bady

Mother's  
Birthplace

Pa

Name of person giving  
Information

Edith. adell Wynkoop

How related  
to deceased

wife

CAUSES OF DEATH

Primary

Typhoid fever

①

How long

3 wks

Immediate

Perforation

How long

6 hours

Are the name, age, sex, color,  
date and place correctly given above?

Yes

Signature of  
Physician

Address

A. J. Mason M.D.

FRIENDSVILLE,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Friendsville cemetery